*Name, Credentials*

EDUCATION:

(Listed in Reversed chronological order)

Degree: University, College of \*\*\*, Dates attended

WORK EXPERIENCE:

(Listed in Reversed chronological order)

Job Title: Place of Employment, City, State

Dates of employment

* Brief description of work

CLINICAL TEACHING:

(Listed in Reverse chronological order)

Groups of students – Dates of education provided

* Brief description of work

PROFESSIONAL PRESENTATIONS:

(Listed in Reverse chronological order)

Title of Presentation – Name of conference/seminar (Date of presentation)

PUBLICATIONS:

(Listed in Reverse chronological order)

Publication listed in APA format (highlight your name)

BOOK CHAPTERS:

(Listed in Reverse chronological order)

Publication listed in APA format (highlight your name(

AREAS OF RESEARCH:

(Listed in Reverse chronological order)

Title of research – provide brief description of research, anticipated deadlines/presentation of research done

CLINICAL PROJECTS

(Listed in Reverse chronological order)

Title of project– provide brief description of research, anticipated deadlines/presentation of research done

AWARDS:

(Listed in Reverse chronological order)

Title of Award – Date Received

LICENSES/CERTIFICATIONS/PROFESSIONAL MEMBERSHIPS:

(Listed in order above)

Ex: Registered nursing license, State of \*\*\* - date of first license – Present

COMMUNITY INVOLVEMENT:

(Listed in reverse chronological order)

Name of group – dates of participation

* Description of personal involvement